



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
WATER PROTECTION PROGRAM  
**FACILITIES PLAN SUBMITTAL CHECKLIST**  
**Clean Water State Revolving Fund**  
Submit to: P.O. Box 176, Jefferson City, MO 65102-0176  
Attn: Financial Assistance Center

**FOR OFFICE USE ONLY**

DATE RECEIVED

**This form must be submitted with the Facility Plan**

**1.0 APPLICANT INFORMATION**

1. NAME OF APPLICANT

APPLICANT MAILING ADDRESS

CITY

STATE

ZIP CODE + FOUR

COUNTY

-

APPLICANT TELEPHONE NUMBER WITH AREA CODE

APPLICANT FAX NUMBER WITH AREA CODE

- - Ext.

- -

NAME OF PERSON TO CONTACT ABOUT THIS APPLICATION

CONTACT PERSON'S TITLE

CONTACT PERSON'S TELEPHONE NUMBER WITH AREA CODE

- - Ext.

CONSULTING ENGINEER

CONSULTANT MAILING ADDRESS

CITY

STATE

ZIP CODE + FOUR

-

CONSULTANT TELEPHONE NUMBER WITH AREA CODE

CONSULTANT FAX NUMBER WITH AREA CODE

- - Ext.

- -

**2.0 CONTINUING AUTHORITY**

AUTHORIZED REPRESENTATIVE NAME

AUTHORIZED REPRESENTATIVE TITLE

AUTHORIZED REPRESENTATIVE TELEPHONE NUMBER WITH AREA CODE

- - Ext.

**3.0 PROJECT INFORMATION**

PROJECT NAME

☐ SRF Project No.

☐ DED/CDBG No.

☐ SG Project No.

☐ Other Funding Sources:

☐ EPA Grant No.

☐ Applicant funded:

☐ USDA/RD

**4.0 FACILITIES PLAN INFORMATION (CHECK THE BOXES OF THE ENCLOSED ITEMS)**

- ☐ Copy of antidegradation review report and preliminary determination, if applicable
- ☐ Copy of Draft Effluent Limits review letter provided by the Missouri Department of Natural Resources Water Protection Program, Permits Section
- ☐ Evaluation of existing Waste Water Treatment Facility
- ☐ Appropriate design period used
- ☐ Hydraulic and organic projected loadings
- ☐ Inflow/Infiltration analysis and evaluation
- ☐ Alternative evaluation with economic analysis
- ☐ General project design criteria
- ☐ Location of treatment facility on a map with legal description
- ☐ Current and estimated future user charge
- ☐ Signed, sealed and dated by a registered Professional Engineer of Missouri

CLEARANCE LETTERS	
<input type="checkbox"/> Army Corps of Engineers <input type="checkbox"/> Department of Natural Resources, Historic Preservation <input type="checkbox"/> Department of Conservation <input type="checkbox"/> United States Fish and Wildlife <input type="checkbox"/> Department of Natural Resources, Division of Geology and Land Survey (lagoon collapse potential and receiving stream determination) <input type="checkbox"/> A-95 Clearing House <input type="checkbox"/> Division of State Parks (If infringes on federally funded parks)	
PUBLIC PARTICIPATION in accordance with 10 CSR 20-4.040 (14) and 10 CSR 20-4.050 (2)(B)2	
<input type="checkbox"/> Facility Plan <input type="checkbox"/> User Charge <input type="checkbox"/> Environmental Effects	
<b>Note:</b> Review will not be initiated until items 1.0 through 4.0 are submitted. Issuance of an environmental review and final approval of the Facility Plan can not be given until all items have been submitted. Attach a schedule for submittal of any remaining information or documents.	
SIGNATURE	
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE  / /
NAME AND OFFICIAL TITLE (TYPE OR PRINT)	TELEPHONE NUMBER WITH AREA CODE  - - Ext.
PREPARER'S NAME AND SIGNATURE (IF APPLICABLE)	
SIGNATURE OF PREPARER	DATE  / /
NAME AND TITLE (TYPE OR PRINT)	TELEPHONE NUMBER WITH AREA CODE  - - Ext.

MO 780-2041 (03-09)